

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6062

1. PLACE OF DEATH

County Jeff
 Township Lewis
 City Oregon (No. _____)

Registration District No. 378
 Primary Registration District No. 4219

File No. _____
 Registered No. 7
 St. _____ Ward _____

2. FULL NAME

Florinda Pierer Moore

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

Perry N. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 26, 1937

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Oregon
Missouri

13. NAME

Silas Pierer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Baltimore
Maryland

15. MAIDEN NAME

Mary Shank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pennsylvania

17. INFORMANT (ADDRESS)

Perry N. Moore
Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oregon Mo DATE Mar 2, 1937

19. UNDERTAKER (ADDRESS)

Leiter Pittsinger
Oregon Mo

20. FILER

9-1-1937
W. H. Chandler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to Feb 28, 1937

I last saw him alive on Feb 28, 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 2-25-37

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) W. H. Chandler, M. D.
 (Address) Oregon, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

